

# CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

Office of the Secretary of the State

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

Space For Office Use Only

Filing Fee: \$60.00

Make Checks Payable To "Secretary of the State"

Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.

**1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:**

**2. PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP:**

**3. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS:**

**(Complete only if principal office stated above is not located in Connecticut)**

**Name of agent:**

**Business address:**

**Residence address:**

**Acceptance of appointment**

\_\_\_\_\_  
**Signature of agent**

**4. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES:**

**5. OTHER PROVISIONS:**

**The partnership hereby applies for status as a registered limited liability partnership.**

**EXECUTION:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**6.**

**7.**

**Name of person forming LLP/partner**

**Signature**